

RECORD OF LEAVE DATA

1. Name (Last, First, Middle)				2. Social Security Number			3. (For agency use)						
4. Date and Nature of Separation				5. A. Subject to 5 U.S.C. 6304(B) (45 day leave ceiling) B. Last Date Subject to 5 U.S.C. 6304(B)			Yes <input type="checkbox"/> No <input type="checkbox"/>						
6. Total Service for Leave (as of Date of Separation)	More than 15 Years			C. Annual Leave Balance as of That Date (Hours)									
	Less Than 15 Years (show) Years						Months Days						
SUMMARY OF ANNUAL AND SICK LEAVE					SUMMARY OF HOME LEAVE								
7. Carryover Balance From Prior Leave Year Ending	MO.	DAY	YEAR	HOURS		Date Started Date Completed			MO.	DAY	YEAR		
				Annual	Sick				Restored				
8. Current Leave Year Accrual Through Pay Period Ending (if 90 day restriction applicable, explain in remarks)							19. Current 12 Months Accrual Period Began on Hours Absent Without Pay Since That Date			MO.	DAY	YEAR	
9. Total													
10. Reduction in Credits, If Any (current year)							20. Current Balance (or accrual) as of Number of Days			MO.	DAY	YEAR	
11. Total Leave Taken, Current Year Through Date of Separation													
12. Balance							21. Twelve Months Accrual Date as of Date of Separation Number of Days			MO.	DAY	YEAR	
13. Total Hours Paid in Lump Sum (includes _____ hours for holidays)													
14. Salary Rate(s) Per Hour:							22. Dates Leave Used Prior 24 Months			MO.	DAY	YEAR	
15. Lump Sum Leave Dates (if part-time tour, explain in Remarks)	From	MO.	DAY	YEAR	HOURS								
a. Restored	Thru												
b. Annual Leave Above Ceiling	From												
c. Annual Leave Within Ceiling	Thru												
ABSENCE WITHOUT PAY													
16. During Leave Year in Which Separated				Hours	MILITARY LEAVE 23. During Current Calendar Year A. Regular - Active Duty or Training B. Special - Civil Disturbance			FROM			TO		
17. A. Date of Last Equivalent Increase			MO. DAY YEAR	Hours				MO.	DAY	YEAR	MO.	DAY	YEAR
B. Total AWOP Hours Since Last Equivalent Increase (except during military service and while in receipt of OWCP payments)													
24. Remarks (include shore leave information, if applicable): Last deduction for: FEHB _____ Amt Code _____ Stand. FEGLI _____ Amt Option A FEGLI _____ Amt Option B FEGLI _____ Amt Option C FEGLI _____ Amt					Balance of Unused Days for Current Fiscal Year (Block 23A)								
Deducted Through _____													
25. Certified Correct By: (Signature)				26. Title, Agency, Address, Telephone Number							27. Date		

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